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TO: Commissioner for Patents

FROM: Jay G. Kolman, Esq. DATE: December 15, 2004

RE: SN 10/051,220 Response

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RECIPIENT'S FACSIMILE NUMBER: 703-872-9306

MESSAGE/COMMENTS:

Re: SN 10/051,220, filed 01/18/02
Transmittal of After-Final Response, Notice of Appeal, & Extension of Time

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031
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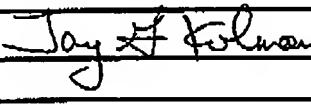
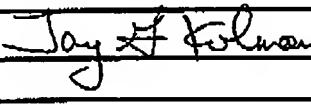
(to be used for all correspondence after initial filing)

Application Number Filing Date First Named Inventor Art Unit Examiner Name	10/051,220 01/16/2002 KANIOS, et al. 3728 Troy Arnold
Total Number of Pages In This Submission	9
	Attorney Docket Number
	NOPH/M20/JGK

ENCLOSURES (Check all that apply)

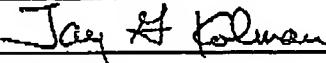
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input checked="" type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Noven Pharmaceuticals, Inc.		
Signature			
Printed name	Jay G. Kolman		
Date	12/15/2004	Reg. No.	43,727

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Jay G. Kolman	Date	12/15/2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DEC 15 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent application of

Atty. Ref: NOPH/120/JGK

David KANIOS, et al.

Group Art Unit: 3728

Serial No.: 10/051,220

Examiner: Troy Arnold

Filed: January 18, 2002

For: PACKAGING SYSTEM FOR TRANSDERMAL
DRUG DELIVERY SYSTEMSRESPONSE TO FINAL REJECTION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This communication is responsive to the Final Office Action dated June 15, 2004 in the above-identified application. A response is due December 15, 2004 by virtue of the attached Petition for Extension of Time and payment of the required fees. The Commissioner is authorized to charge any deficiency or credit any overpayment to Deposit Account No. 500511.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 4 of this paper.